

Appendix 2. Primary Care Provider Survey

Survey on Referrals and Co-Management

Patient: Doe, Jane **MRN:** 99999 **PCP:** Dr. X

I am not the PCP _____ (check if yes and return incomplete survey)

I am not familiar enough with this patient to respond _____ (check if yes and return survey)

1. This patient is followed by the [specialty] practice for a diagnosis of [condition].

2. How often do you feel this patient should be seen in the above specialty practice to manage this problem?

Number of visits in the coming 12 months _____

Number of visits the following year (12-24 months from now) _____

3. Could this diagnosis be managed exclusively by you, the PCP? *Presume that the specialist has the opportunity to have a final, sign-off visit, and to make management recommendations. Specialty follow-up would stop and the patient would return to the specialist only for new complications or a deviation from the expected course.*

- A Yes.** I could manage this problem. It is within my scope of practice.
- B Unlikely.** The **CLINICAL** complexity of this problem is outside the scope of primary care management
- C Unlikely.** The clinical problem is within my scope of practice, but I cannot meet this patient's needs due to a **CARE DELIVERY SYSTEMS** issue in my clinic setting (such as long wait times for appointments.) Please specify _____.
- D Other:** _____

4. If yes, do you think the patient would be amenable to transfer of care for the above problem to the PCP?

- A Yes.** This is likely
- B Perhaps.** Difficult to anticipate
- C No.** The patient is likely to request ongoing care in the specialty practice

5 If appropriate for long-term co-management by the specialist, who should manage patient calls, urgent issues, and med refills for the above problem – the specialist or you, the PCP?

- A Specialist**
- B PCP**

Some specialists were surveyed as early as December 2011.

Is this condition essentially stable since that time? _____